## 

## Student Employee Performance Review

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Information | | | | | | | | | | | |
| Employee Name: | | | |  | | | Evaluator Name: | | |  | |
| Department: | |  | | | | | Date: | |  | | |
| Review Period: | | | to | | | | | | | | |
|  | | | | | | | | | | | |
| **Rating Definitions**  ***Outstanding*** – Performance and quality of work ***far exceeds*** the job requirements and expectations; considered exceptional among peers. (Documentation to support this superior rating is required in Comments section.)  ***Exceeds*** – Performance consistently meets job requirements and ***occasionally exceeds*** expectations.  ***Meets*** – Performance ***meets*** job requirements and expectations.  ***Needs Improvement*** – Performance is ***below*** job requirements and expectations. (A performance improvement plan is required.)  ***Unsatisfactory*** – Performance does not meet requirements in this area and is ***consistently below*** expectations. (Documentation to support this rating, and a performance improvement plan, is required.) | | | | | | | | | | | |
| Part I - Complete for all Student Employees | | | | | | | | | | | |
| **Categories** | | | | | **Outstanding** | **Exceeds** | | **Meets** | | **Needs Improvement** | **Unsatisfactory** |
|  | | | | |  |  | |  | |  |  |
| Attendance/Punctuality | | | | |  |  | |  | |  |  |
| *Comments:* |  | | | | | | | | | | |
| Communication/Listening Skills | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Customer Service/People Skills | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Dependability | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Follows Direction | | | | |  |  | |  | |  |  |
| Comments |  | | | | | | | | | | |
| Initiative | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Job Knowledge | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Job Skill Level | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Observes Safety Practices | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Teamwork | | | | |  |  | |  | |  |  |
| Comments |  | | | | | | | | | | |
| Work Quality | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Work Quantity | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
|  | | | | |  |  | |  | |  |  |
| Overall Rating | | | | |  |  | |  | |  |  |
| Part II – Complete for Student Employees with Supervisory Responsibilities (in addition to Part I) | | | | | | | | | | | |
| **Categories** | | | | | **Outstanding** | **Exceeds** | | **Meets** | | **Needs Improvement** | **Unsatisfactory** |
|  | | | | |  |  | |  | |  |  |
| Accountability | | | | |  |  | |  | |  |  |
| *Comments:* |  | | | | | | | | | | |
| Judgment/Decision Making | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Leadership/Supervisory Skills | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Planning/Organizational Skills | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
| Staff Scheduling/Coordination | | | | |  |  | |  | |  |  |
| Comments |  | | | | | | | | | | |
| Training/Coaching Skills | | | | |  |  | |  | |  |  |
| Comments: |  | | | | | | | | | | |
|  | | | | |  |  | |  | |  |  |
| Overall Rating | | | | |  |  | |  | |  |  |
| Part III –Areas of Strength, Development, and Goals | | | | | | | | | | | |
| Areas of Strength (list key contributions, achievements, strengths, and progress toward performance standards): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Areas of Development (list performance areas requiring immediate correction, improvement, or potential development): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Goals: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.** | | | | | | | | | | | |
| Employee Signature | | | | | | | | | | Date | |
|  | | | | | | | | | |  | |
| Evaluator’s Signature | | | | | | | | | | Date | |
|  | | | | | | | | | |  | |
| Signature of Evaluator’s Supervisor | | | | | | | | | | Date | |
|  | | | | | | | | | |  | |